

**CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI**

CASE NO. 11-00070

Debtor Mary A Miles SS# xxx-xx-1429 Current Monthly Income \$ 2,992.30
 Joint Debtor SS# Current Monthly Income \$
 Address 280 Tolliver Avenue Woodville, MS 39669-0000 No. of Dependents 0
 Telephone No. TAX REFUNDS AND EIC FOR DISTRIBUTION:

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

- (A) Debtor shall pay \$ 304.49 per **semi-monthly** to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

Security Consultant Group
102 Mitchell Road
Suite 100
Oak Ridge, TN 37830

- (B) Joint Debtor shall pay \$ per **(monthly / semi-monthly / weekly / bi-weekly)** to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full: IRS \$ 0.00 @ \$ 0.00 /mo
 State Tax Commission \$ 946.00 @ \$ 15.77 /mo Other \$ @ \$ /mo

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:

-NONE-

beginning in the amount of \$ per month shall be paid:

 direct through payroll deduction through the plan.

PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO:

-NONE-

in the amount of \$ shall be paid \$ per month:

 through payroll deduction through the plan.

HOME MORTGAGE(S)

MTG PMTS TO: -NONE- BEGINNING @\$ PLAN DIRECT
 MTG ARREARS TO: -NONE- THROUGH \$ @\$ /MO*
 (*Including interest at %)

SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1326(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate	Total Amt. To Be Paid	Monthly Payment
Green Tree Servicing	16X80 Mobile Home	<u>14,929.00</u>	<u>10,000.00</u>	<u>7.00</u> %	<u>17,736.60</u>	<u>295.61</u>
Nuvell Credit Co	2006 Chevy Equinox	<u>13,083.00</u>	<u>8,000.00</u>	<u>7.00</u> %	<u>9,504.60</u>	<u>158.41</u>

SPECIAL CLAIMANTS. (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to Be Paid
Citibank	Student Loan	3,066.00	Deferred/Still a Student/Pay Zero
Slc Conduit I Llc	Student Loan	8,182.00	Deferred/Still a Student/Pay Zero
U.S. Department of Education	Student Loan	25,677.00	Deferred/Still a Student/ Pay Zero

SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments: -NONE-

UNSECURED DEBTS totaling approximately \$ 25,327.30 are to be paid in deferred payments to creditors that have filed claims that are not disallowed: IN FULL or 10 % (PERCENT) MINIMUM. 42.22

Total Attorney Fees Charged \$ 2,800.00
Attorney Fees Previously Paid \$ 0.00
Attorney fees to be paid through the plan \$ 2,800.00 46.67

Pay administrative costs and debtor's attorney fees
Pursuant to Court Order and/or local rules.

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone # / Email)
Jack Lazarus MSB#1114
P.O. Box 1286
Natchez, MS 39121-1286

Telephone/Fax _____

Telephone/Fax (601) 445-8899/(601) 445-9336
E-mail Address jacklaz@cableone.net

DATE: March 8, 2011

DEBTOR'S SIGNATURE
JOINT DEBTOR'S SIGNATURE
ATTORNEY'S SIGNATURE

/s/ Mary A Miles
/s/ Jack Lazarus